

PLACE OF BIRTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156  
 County Registrar No. 648  
 Local Registrar No. \_\_\_\_\_

No. 106 Red Springs Canon  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_

2. Full name of child Felez Barrosa

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 18, 1926  
 Month Day Year

8. FATHER  
 Full name Jose Barrosa  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex.  
 11. Age at last birthday 35 (Years)

14. MOTHER  
 Full maiden name Pietra Valdez  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 16. Color or race Mex.  
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Durango, Mex.  
 (State or country)  
 13. Occupation  
 Nature of Industry Miner

18. Birthplace (city or place) Sonora, Mex.  
 (State or country)  
 19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother (a) Born alive and now living 2  
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 2  
 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 10 A. m. on the date above stated  
 (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Beryl M. Brown M.D.  
 Address Miami, Ariz. (Physician or midwife).

Given name added from a supplemental report. Month, day, year June 2, 1926 Filed Co. E. Trim  
 Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

621-518-559